

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COPY FILE

CALIFORNIA FORM 460

Page 1 of 29

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Date Stamp FEB 12 2003

Statement covers period from 01/12/2003 through 02/07/2003

Date of Election if applicable: 01/28/2003 REGISTRAR OF VOTERS By Deputy

1. Type of Recipient Committee:

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
Ballot Measure Committee
Primarily Formed
Controlled
Sponsored
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Candidate Officeholder Committee

2. Type of Statement: POST ELECTION

- Pre-election Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1243639

COMMITTEE NAME: Bill Campbell for Supervisor
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE: (714) 283-5750
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Corliss Delameter
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE: (714) 731-3011
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/12/2003
Executed on 02/12/2003
Executed on 02/12/2003
Executed on 02/12/2003

By Corliss Delameter (TREASURER OR ASSISTANT TREASURER)
By Bill Campbell (SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR)
By (SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT)
By (SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT)

Recipient Committee  
 Campaign Statement  
 Cover Page - Part 2

**5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Campbell

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

County Supervisor, District, District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

[REDACTED ADDRESS]

**Related Committees Not Included in this Statement:** *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT

OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee**

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement  
Summary Page**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	Page <u>3</u> of <u>29</u>
through <u>02/07/2003</u>	
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

**Contributions Received**

	<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>30,059.00</u>	\$ <u>33,949.00</u>
2. Loans Received ..... <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>10,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>30,059.00</u>	\$ <u>43,949.00</u>
4. Non-monetary Contributions ..... <i>Schedule C, Line 3</i>	<u>2,297.62</u>	<u>3,074.62</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>32,356.62</u>	\$ <u>47,023.62</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received ....	\$ <u>37,022</u>	<u>0</u>
21. Expenditures Made .....	\$ <u>72,711</u>	<u>0</u>

**Expenditures Made**

	<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
6. Cash Payments ..... <i>Schedule E, Line 4</i>	\$ <u>32,386.38</u>	\$ <u>57,181.33</u>
7. Loans Made ..... <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>32,386.38</u>	\$ <u>57,181.33</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>23,625.68</u>	<u>43,423.27</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>2,297.62</u>	<u>3,074.62</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>58,309.68</u>	\$ <u>103,679.22</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditure Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>6,892.07</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>30,059.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>32,386.38</u>
16. <b>ENDING CASH BALANCE</b> ..... <i>Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>4,564.69</u>

*If this is a Termination Statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 1, Column (b)* \$ 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	\$ <u>0.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>53,423.27</u>

**Schedule A  
Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	
through <u>02/07/2003</u>	Page <u>4</u> of <u>29</u>
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/12/2003	Holly Ackman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Speaker  Holly K. Ackman	100.00	100.00	100.00 (P03)
01/22/2003	All Star Services Corp. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P03)
02/05/2003	Amante & Shaffer [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	200.00 (P03)
01/22/2003	Analytical Planning Service Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P03)
01/22/2003	B.I.A. of Southern California Political Action Committee [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 741733	1,000.00	1,000.00	1,000.00 (P03)

**SUBTOTAL \$ 1,700.00**

**Monetary Contributions Summary**

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$ <u>29,339.00</u>
2. Amount received this period - contributions of less than \$100. (Do not itemize.) .....	\$ <u>720.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ <u>30,059.00</u></b>

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	
through <u>02/07/2003</u>	Page <u>5</u> of <u>29</u>

NAME OF FILER <u>Bill Campbell, Bill Campbell for Supervisor</u>	I.D. NUMBER <u>1243639</u>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/21/2003	James Baldwin [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder/Chairman  Village Development	1,000.00	1,000.00	1,000.00 (P03)
01/22/2003	Bordier's Nursery Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00 (P03)
01/22/2003	Charles Brobeck [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Quantum Advisors	250.00	250.00	250.00 (P03)
01/13/2003	Mark Brownstein [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Warmel Corporation	100.00	100.00	100.00 (P03)
02/05/2003	Louis Brutocao [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,000.00	1,000.00 (P03)
01/22/2003	Michelle Brutocao [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	729.00	729.00	1,000.00 (P03)

<b>SUBTOTAL \$</b>	<b>3,329.00</b>
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	<b>Page 6 of 29</b>
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor I.D. NUMBER 1243639

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/22/2003	Roberto Brutocao ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Sun Coast	1,000.00	1,000.00	1,000.00 (P03)
01/13/2003	Thomas Burnes ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P03)
01/17/2003	Paula Burton ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	100.00 (P03)
01/20/2003	CAL SMAC PAC ██████████ ██████████	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 801777	500.00	500.00	500.00 (P03)
01/22/2003	California Private Transportation Company ██████████ ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00 (P03)
01/14/2003	Capital Pacific Holdings Inc. ██████████ ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P03)

**SUBTOTAL \$** 2,450.00

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/22/2003	Care Ambulance Service Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00 (P03)
01/22/2003	Don Caskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Carter-Burgess Inc.	250.00	250.00	250.00 (P03)
01/13/2003	William Christie [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P03)
02/05/2003	Donald Clem Jr. [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Special Deputy U.S. Marshall's Office	100.00	100.00	125.00 (P03)
01/22/2003	Mary Clyburn [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Corollo Engineers	250.00	250.00	250.00 (P03)
01/22/2003	Richard Coleman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Carter-Burgess Inc.	250.00	250.00	250.00 (P03)

**SUBTOTAL \$** 1,200.00

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/22/2003	Corbett & Steelman A Professional Law Corporation [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P03)
01/14/2003	Cristek Interconnects Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P03)
01/20/2003	John Dodd [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  John L. Dodd, Attorney at Law	250.00	250.00	250.00 (P03)
01/27/2003	Carmela Du [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,000.00	1,000.00	1,000.00 (P03)
01/18/2003	Family Equities Management [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (P03)
01/16/2003	Gabriel Ferrucci [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,000.00	1,000.00 (P03)

**SUBTOTAL \$ 4,000.00**

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/22/2003	John Ford ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO  Insight Investment Corp.	250.00	250.00	750.00 (P03)
01/22/2003	Geo Syntec Consultants ██████████ ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P03)
01/16/2003	John Hagestad ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Director  Sares Regis Group	1,000.00	1,000.00	1,000.00 (P03)
01/22/2003	Harbor Grill ██████████ ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P03)
01/15/2003	Michael Hayde ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO  Western National Group	500.00	500.00	500.00 (P03)
01/16/2003	Gary Hunt ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal  California Strategies	249.00	249.00	249.00 (P03)

**SUBTOTAL \$ 2,499.00**

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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from <u>01/12/2003</u>	
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I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/22/2003	Intratek Computer Inc. ████████████████████ ████████████████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00 (P03)
01/16/2003	Jabez Holdings ████████████████████ ████████████████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (P03)
02/03/2003	Lance Jensen ████████████████████ ████████████████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Judge  Orange County	100.00	100.00	100.00 (P03)
01/12/2003	Katellaris Farm Nursery Inc. ████████████████████ ████████████████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (P03)
01/22/2003	Omer Zeki Kayiran ████████████████████ ████████████████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  AKM Consulting	250.00	250.00	250.00 (P03)
01/14/2003	Keena Communications ████████████████████ ████████████████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P03)

**SUBTOTAL \$ 3,100.00**

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/22/2003	Klein & Wilson [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P03)
01/14/2003	Gil Leach [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Goren Financial Services	200.00	200.00	200.00 (P03)
01/12/2003	Diane Lopez [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	200.00	200.00	200.00 (P03)
01/22/2003	William Malcolm [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Malcolm & Cisneros	1,000.00	1,000.00	1,000.00 (P03)
01/14/2003	Mary Aileen Matheis [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Mary Aileen Matheis Attorney at Law	150.00	150.00	150.00 (P03)
02/05/2003	Archer Muncy [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	111.00	111.00	111.00 (P03)

**SUBTOTAL \$** 2,161.00

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	<b>Page 12 of 19</b>
through <u>02/07/2003</u>	
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/15/2003	N.A.I.O.P. PAC ██████████ ██	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 950520	1,000.00	1,000.00	1,000.00 (P03)
01/20/2003	James Palmer ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  OC12M	100.00	100.00	100.00 (P03)
01/16/2003	Neil Peake ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P03)
01/22/2003	George Peterson ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Project Dimension	250.00	250.00	250.00 (P03)
01/22/2003	Gale Pike ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner  Beach House Restaurants	500.00	500.00	500.00 (P03)
02/03/2003	Raymond Rizzo ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Ray's Auto Care	100.00	100.00	100.00 (P03)

**SUBTOTAL \$ 2,050.00**

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	
through <u>02/07/2003</u>	Page <u>13</u> of <u>29</u>
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/15/2003	Sapetto Government Solutions Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	150.00 (P03)
01/21/2003	Mark Schuerman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Lenders' Leasing Services	100.00	100.00	200.00 (P03)
01/14/2003	J. Harold Street [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor J. Harold Street	250.00	250.00	250.00 (P03)
01/13/2003	David Sundstrom [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auditor-Controller County of Orange	100.00	100.00	100.00 (P03)
01/16/2003	T.D. Service Financial Corp. [REDACTED] Source: Dale Dykema	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	1,000.00 (P03)
01/22/2003	The Diamond Group [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P03)

**SUBTOTAL \$** 1,350.00



Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>15</u> of <u>29</u>
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/22/2003	Vesystems [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	500.00 (P03)
01/30/2003	Waste Management-Western Group and Waste Management [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G03)
01/12/2003	Khalil Zadeh [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ph.D.  ZME Engineering Inc..	500.00	500.00	600.00 (P03)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 1,750.00**

Schedule B - Part I  
Loans Received

Statement covers period  
from 01/12/2003  
through 02/07/2003

CALIFORNIA FORM **460**  
Page 16 of 29

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor I.D. NUMBER 1243639

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Bill Campbell [REDACTED] [REDACTED] <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervisor  Orange County	\$ 10,000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 10,000 12/31/2003 DATE DUE	0.000% RATE \$ 0	\$ 10,000 03/15/2002 DATE INCURRED	\$ 0 PER ELECTION \$ 10,000 P02
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	DATE DUE	_____% RATE \$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	DATE DUE	_____% RATE \$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION \$ _____
<b>SUBTOTAL</b>		\$ 0.00	\$ 0.00	\$ 10,000.00	\$ 0.00			

**Schedule B Summary**

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus initemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2

**Schedule C  
Non-Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	Page <u>17</u> of <u>29</u>
through <u>02/07/2003</u>	
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/13/2003	John Everett [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Reception	194.00	194.00	194.00 (P03)
01/13/2003	Richard Freschi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Reception	850.00	850.00	950.00 (P03)  Includes Monetary Contribution(s)
01/14/2003	Jan Murdock [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Jan Murdock Imports	Refreshments for reception	377.12	377.12	377.12 (P03)
01/12/2003	Robert Ruth [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager  Tustin Bike Shop	Reception	171.50	171.50	171.50 (G03)
01/20/2003	Richard Siebert [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist  Medical Towers Pharmacy	Invitations, postage, catering services	595.00	595.00	595.00 (P03)

**SUBTOTAL \$ 2,187.62**

**Non-Monetary Contributions Summary**

- Amount received this period - non-monetary contributions of \$100 or more. (Include all Schedule C subtotals.) ..... \$ 2,187.62
- Amount received this period - non-monetary contributions of less than \$100. (Do not itemize.) ..... \$ 110.00
- Total non-monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) ..... **TOTAL \$ 2,297.62**

**Schedule C (Continuation Sheet)**  
**Non-Monetary Contributions Received**

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	
through <u>02/07/2003</u>	
Page <u>18</u> of <u>29</u>	
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
01/12/2003	Mary Lou Teske ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	Food, flowers, balloons	60.00	60.00	110.00 (P03)  Includes Monetary Contribution(s)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

**SUBTOTAL \$**      60.00

Schedule E  
Payments Made

Statement covers period	CALIFORNIA FORM <b>460</b>
from 01/12/2003	
through 02/07/2003	Page 19 of 29
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
American Express [REDACTED]		No Credit Card Payees Over \$100	434.13
Mary Campbell [REDACTED]	POS		370.00
Cingular Wireless [REDACTED]	OFC		215.26

**SUBTOTAL \$ 1,019.39**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ 32,255.40
2. Unitemized payments made this period of under \$100. ....	\$ 130.98
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).) .....	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... <b>TOTAL</b>	<b>\$ 32,386.38</b>

Schedule E  
(Continuation Sheet)  
Payments Made

Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u>	CALIFORNIA FORM <b>460</b>
	Page <u>20</u> of <u>29</u>
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Copy Right ██ ██ ██	LIT		1,017.16
Corliss Delameter ██ ██ ██	PRO		1,389.43
Mark Denny ██ ██ ██	OFC		246.62
Diane Stone & Associates ██ ██ ██	CNS		5,358.21

**SUBTOTAL \$ 8,011.42**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	
through <u>02/07/2003</u>	Page <u>21</u> of <u>29</u>
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Doubletree Irvine Spectrum ████████████████████ ████████████████████	FND		335.97
Foothills Sentry ████████████████████ ████████████████████	PRT		273.00
G. Strahan & Associates ████████████████████ ████████████████████	LIT		4,538.45
Lewis Consulting Group ████████████████████ ████████████████████	POS OFC CNS	485.00 398.24 2,500.00	3,383.24
<b>SUBTOTAL \$</b>			<b>8,530.66</b>

Schedule E  
(Continuation Sheet)  
Payments Made

Statement covers period	CALIFORNIA FORM <b>460</b>
from 01/12/2003	
through 02/07/2003	Page <u>22</u> of <u>29</u>
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			AMOUNT PAID
	CODE	OR DESCRIPTION OF PAYMENT	
Mailing Systems Inc. ██ ██	LIT		201.60
Maxcomm Technologies Inc. ██ ██	PHO		1,902.00
Kirk Morgan ██ ██		Entertainment	500.00
Morrison & Burke ██ ██	CMP		4,340.03
<b>SUBTOTAL \$</b>			<b>6,943.63</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from 01/12/2003	
through 02/07/2003	Page 23 of 29
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Jan Murdock [REDACTED]	FND		377.12
Pacific Bell [REDACTED]	OFC		505.49
Sergio Prince [REDACTED]	OFC		282.92
Registrar of Voters - Department of Elections -County of Orange [REDACTED]	OFC		103.77

**SUBTOTAL \$ 1,269.30**

**Schedule E  
(Continuation Sheet)  
Payments Made**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	
through <u>02/07/2003</u>	Page <u>24</u> of <u>29</u>
NAME OF FILER <u>Bill Campbell, Bill Campbell for Supervisor</u>	
I.D. NUMBER <u>1243639</u>	

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (Internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE	OR		
U.S. Postmaster ██████████ ██████████	POS			6,481.00

**SUBTOTAL \$ 6,481.00**

Schedule F  
Accrued Expenses (Unpaid Bills)

Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>25</u> of <u>29</u>
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

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| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
American Express ██████████ ██████████	, Reception	0.00	7,567.57	0.00	7,567.57
Cingular Wireless ██████████ ██████████	OFC	215.26	0.00	215.26	0.00
Clover Communications ██████████ ██████████	LIT	0.00	1,350.00	0.00	1,350.00
<b>SUBTOTALS \$</b>		215.26 \$	8,917.57 \$	215.26 \$	8,917.57

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	<b>INCURRED TOTAL</b>	\$ 43,257.40
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>PAID TOTAL</b>	\$ 19,631.72
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET</b>	\$ 23,625.68

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	
through <u>02/07/2003</u>	Page <u>26</u> of <u>29</u>
NAME OF FILER <u>Bill Campbell, Bill Campbell for Supervisor</u>	
I.D. NUMBER <u>1243639</u>	

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- |   |   |   |
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| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
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| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Corliss Delameter ██████████ ██████████	PRO	1,389.43	0.00	1,389.43	0.00
Diane Stone & Associates ██████████ ██████████	CNS	5,358.21	0.00	5,358.21	0.00
G. Strahan & Associates ██████████ ██████████	LIT	4,538.45	1,510.97	4,538.45	1,510.97
Jan Murdock ██████████ ██████████	FND	377.12	0.00	377.12	0.00
<b>SUBTOTALS \$</b>		<b>11,663.21 \$</b>	<b>1,510.97 \$</b>	<b>11,663.21 \$</b>	<b>1,510.97</b>

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	
through <u>02/07/2003</u>	Page <u>27</u> of <u>29</u>
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

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- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Lea Petersen [REDACTED]	FND	600.00	0.00	0.00	600.00
Mailing Systems Inc. [REDACTED], Ste. A [REDACTED]	LIT	201.60	0.00	201.60	0.00
Mary Campbell [REDACTED] [REDACTED]	POS	370.00	0.00	370.00	0.00
Maxcomm Technologies Inc. [REDACTED] [REDACTED]	PHO	1,902.00	804.96	1,902.00	804.96
<b>SUBTOTALS \$</b>		<b>3,073.60 \$</b>	<b>804.96 \$</b>	<b>2,473.60 \$</b>	<b>1,404.96</b>



**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/12/2003</u>	
through <u>02/07/2003</u>	
Page <u>28</u> of <u>29</u>	I.D. NUMBER 1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

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- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications.                    | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Morrison & Burke [REDACTED]	CMP	4,340.03	0.00	4,340.03	0.00
Pacific Bell [REDACTED]	OFC	505.49	0.00	505.49	0.00
Phillip Barry Greer Attorney at Law [REDACTED]	PRO	0.00	30,573.15	0.00	30,573.15

**SUBTOTALS \$ 4,845.52 \$ 30,573.15 \$ 4,845.52 \$ 30,573.15**

**Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of an Officeholder or  
Candidate)**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from 01/12/2003	
through 02/07/2003	Page 29 of 29
I.D. NUMBER	
1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

American Express

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers salaries                                 |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging and meals (explain)             |
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| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Doubletree Irvine Spectrum ████████████████████ ████████████████████			Reception	7,567.57

**SUBTOTAL \$ 7,567.57**